TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT





EMPLOYER INFORMATION			JOB INFORMATION				
Are you a first time user of TDLWD Services? ☐ Yes ☐ No			Job Title:				
Name of Company:							
Street Address:			Months Experience Required: Minimum Educational Requirements:				
City:	State: Zi	p:	If a test is required who will administer the test, you or your agent? (If Agent please identify)				
Telephone Number:	FAX Number:		Minimum Age:	Number of Openings:			
Whom to contact:			Duration of Job: Wage/Salary isper:				
Employer's EMail Address:			Less than 4 days Hour Year				
FEIN (Federal Employer ID N	Number): TN Employer Ac	oyer Account Number:		50 days anent	Week Month	Commission (%) Other (Specify)	
Is this job order being listed pursuant to an <u>Affirmative Action Plan</u> ? □ Yes □ No			Work Hours (i.e., 8:00 AM - 5:00 PM) Work Days (i.e., MON - FRI)				
Are you a <u>Federal Contracto</u> Sub-Contractor? ☐ Yes	r or County: □ No		How many hours per week?			_	
		JOB DES	CRIPTIC	N			
(List most important duties, special requirements first the job summary space in data system is limited to 300 characters.) (Include tools used, machines operated, duties, and essential functions) Also include additional instructions/information not covered above.							
*How to refer: \square Call for Appointment \square Mail Resume \square Fax Resume \square Apply In Person \square EMail Resume							
□ Other (explain)							
Referral address if different from address above:							
Return completed form to: this address or the nearest Career Center or Affiliated Office	City: 220	ND ALC UNIT LOYMENT SEC FRENCH LAND HVILLE TN 372	ING DRIVE	SION Fax EMo	Number: iil Address:	(615) 253-6430 (615) 741-6106 Karen.Allor-Inscho@state.tn.us	
DO NOT WRITE IN THIS SPACE - FOR LABOR AND WORKFORCE DEVELOPMENT USE ONLY.							
ORDER DATE	SIC/NAICS	D.O.	T.	JO	ID#	JOB ORDER NUMBER	
						TN	